N01000003277

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
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C LEWIS

COVER LETTER

то:	FO: Amendment Section Division of Corporations				
	South Florida Voices for Working Families, Inc.				
SUBJECT: Name of Corporation					
	N0100003277				
	MENT NUMBER:				
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please	return all correspondence concerning this matter to the following:				
	Kian Frederick				
Name of Contact Person					
South Florida Voices for Working Families, Inc.					
Firm/Company					
1671 NW 16th Terrace					
. Address .					
	Miami, FL 33125				
City/State and Zip Code					
kian@sfvoices.org					
	E-mail address: (to be used for future annual report notification)				
For fur	ther information concerning this matter, please call:				
Kian	Frederick 987-5251				
•	Name of Contact Person at (Area Code & Daytime Telephone Number				
Enclos	ed is a \$35.00 check made payable to the Department of State.				
	Mailing Address: Amendment Section Division of Corporations Street Address: Amendment Section Division of Corporations				
	P.O. Box 6327 Clifton Building				
	Tallahassee, FL 32314 2661 Executive Center Circle				

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	e provisions of sections 607.0502, 617.0502, 607.1 hange is submitted for a corporation organized un	Name :	
in orde	der to change its registered office or registered ago	ent, or both, in the State of Florida.	
1. The name of	the corporation: South Florida Voices for W	orking Families, Inc.	
	al office address: 1671 NW 16th Terrace, Mis		
3. The mailing a	address (if different): N/A		
4. Date of incor	rporation/qualification: 4/18/01 D	ocument number: N0100003277	
	nd street address of the current registered agent and artment of State: (If resigned, enter resigned)	d registered office on file with the	
	Deceased:		
	Kathleen Rafferty		
	1671 NW 16th Terrace, Miami, FL 331	25 B FE	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	Kian Frederick 9		
	Kian Frederick & & & & & & & & & & & & & & & & & & &		
	P.O: Box NOT acceptable .		
	· .	· .	
The street address changed will	ress of its registered office and the street address I be identical.	of the business office of its registered agent,	
Such change was authorized by th	as authorized by resolution duly adopted by its be board, or the corporation has been notified in	oard of directors or by an officer so writing of the change.	
ZVd		Rodriguez-Taseff, Co-Chair, BOD	
Printed or typed name and title			
I hereby accept I further agree to performance of agent. On, if the hereby confirm	t the appointment as registered agent and agree to comply with the provisions of all statutes rela f my duties, and I am familiar with and accept th his document is being filed merely to reflect a cha that the comporation has been notified in writing	to act in this capacity. tive to the proper and complete e obligation of my position as registered ange in the registered office address, I g of this change.	
July		ary 4, 2016	
	gnature of Registered Agent	Date	
If signing on be	chalf of an entity:	,	
• •		•	
T	Typed or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314.

CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *